

**JP RECOVERY  
SERVICES**

PO BOX 16749 • ROCKY RIVER, OH 44116-0749

**1-800-517-9304**

June 11, 2018

Dear KAREN MULDOWNNEY,

The creditor(s) below has referred your account to our office for collection.

We can accept payment over the phone, using your checking account or credit card information at no additional cost to you.

This is a communication from a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose.

If payment is not possible and if your family income is within the guidelines you may be eligible for Financial Assistance. Call 800-517-9304 for information.

**If you have a question regarding your account, please contact 1-800-517-9304.**

5:19-cv-596 (LEK/ATB)

File #	7521
Balance Due	\$238.00

**Pay Online****Pay your bill online at  
www.jp recovery.net** **Pay by Mail**JP RECOVERY SVCS INC.  
PO BOX 16749  
ROCKY RIVER, OH 44116-0749 **Pay by Phone****1-800-517-9304  
Available 24/7**

File #	Creditor	Account Number	Name	Service Date	Balance
7521	GW MEDICAL FAC. ASSOC.	4223	KAREN MULDOWNNEY	02/07/18	158.00
7522	GW MEDICAL FAC. ASSOC.	4224	KAREN MULDOWNNEY	02/07/18	80.00
<b>Balance Due:</b>					<b>\$238.00</b>

**NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION**

806ONJPRS012301O\_748011921

PLEASE DETACH AND RETURN BOTTOM PORTION WITH PAYMENT

ONJPRS01-Mail Processing Center  
PO Box 1280  
Oaks PA 19456-1280  
*Not Intended for correspondence or payments*  
ADDRESS SERVICE REQUESTED

June 11, 2018

  
KAREN MULDOWNNEY  
1510 US Route 11  
Tully NY 13159-3309

<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	CNP#	EXP.
CARD HOLDER NAME		
SIGNATURE		PYMT AMOUNT \$
<b>FILE #</b>	<b>ACCT #</b>	<b>BALANCE DUE</b>
7521	4223	<b>\$238.00</b>

**Make checks payable and remit to:**JP RECOVERY SVCS INC.  
PO BOX 16749  
ROCKY RIVER, OH 44116-0749

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in WRITING within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request of this office in writing within 30 days after receiving this notice this office will provide you with the name and address of the original creditor, if different from the current creditor.

Debt collectors, in accordance with the Fair Debt Collection Practices Act, 15 U.S.C. § 1692 et seq., are prohibited from engaging in abusive, deceptive, and unfair debt collection efforts, including but not limited to: a) the use or threat of violence; b) the use of obscene or profane language; and c) repeated phone calls made with the intent to annoy, abuse, or harass.

If a creditor or debt collector receives a money judgment against you in court, state and federal laws may prevent the following types of income from being taken to pay the debt:

1. Supplemental security income, (SSI); 2. Social security; 3. Public assistance (welfare); 4. Spousal support, maintenance (alimony) or child support; 5. Unemployment benefits; 6. Disability benefits; 7. Workers' compensation benefits; 8. Public or private pensions; 9. Veterans' benefits; 10. Federal student loans, federal student grants, and federal work study funds; and 11. Ninety percent of your wages or salary earned in the last sixty days.

New York City Department of Consumer Affairs License Number: 1405839-DCA